



2015

Participation Year
Adopt, Implement,
Upgrade (AIU)

S.C. Medicaid EHR Incentive Program State Level Repository User Guide for Eligible Professionals



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Disclaimer

The pages that follow in this State Level Repository Guide for Eligible Professionals are intended to provide information to assist with completion of an Eligible Professional attestation to the S.C. Medicaid EHR Incentive Program; **however, it is important to note that this SLR Guide is not, nor is it intended to be, the full source of information about the requirements of the Medicaid EHR Incentive Program. It is the responsibility of the provider who is attesting to the S.C. Medicaid EHR Incentive Program to be acquainted with the requirements of the Medicare and Medicaid EHR Incentive Programs Final Rules and the State Medicaid HIT Plan (SMHP).**

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Eligible Professional Eligibility Requirements for SC Medicaid EHR Incentive Program

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAHs), participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Record (EHR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade (AIU) to certified EHR technology and use it in a meaningful manner.

The Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 2 Final Rule included clarifying language that maintains CMS’ policy that to qualify for an AIU payment, a provider must adopt, implement, or upgrade to certified EHR technology that would allow that provider to qualify as a meaningful user. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR technology and has identified entities that may certify systems. More information about this process is available at <http://www.healthit.hhs.gov>.

Goals for the national program include: 1) enhance care coordination and patient safety; 2) reduce paperwork and improve efficiencies; 3) facilitate electronic information sharing across providers, payers, and state lines and 4) enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN). Achieving these goals will result in better healthcare, better health, and reduced costs.

The CMS’ official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>. The site provides general and detailed information on the programs, including tabs on the path to payment, eligibility, meaningful use, certified EHR technology, and frequently asked questions.



Eligible Professional Types

There are 5 types of providers who are considered Eligible Professionals (EPs) for the Medicaid EHR Incentive Program:

1. Physician*
2. Dentist
3. Nurse Practitioner
4. Certified Nurse Midwife
5. Physician Assistant (PA) practicing in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a PA:
 - a. The PA is the primary provider in a clinic (e.g., a clinic with a part-time physician and full-time PA); or
 - b. The PA is a clinical or medical director at a clinical site of practice; or
 - c. The PA is the owner of an RHC.

*In South Carolina, this includes MDs, DOs, and Optometrists.

Conditions that Exclude a Provider from Participating

1. If the EP has any state or federal exclusions that would prevent the EP from receiving federal funding, the EP is not eligible to participate in the S.C. Medicaid EHR Incentive Program.
2. If the EP is a hospital-based provider, the EP is not eligible to participate in the S.C. Medicaid EHR Incentive Program. For purposes of this Program, a hospital-based provider is defined as a provider who furnishes 90% or more of their services in the following two places of service codes for HIPAA standard transactions: 21 – Inpatient Hospital, or 23 – Emergency Room.

For purposes of the S.C. Medicaid EHR Incentive Program, SCDHHS will make the determination about whether or not an EP is hospital-based by analyzing the EP's Medicaid paid claims data; or, in the case of EPs who deliver care via Medicaid managed care programs, by analyzing encounter data. Where there is not claims data specific to the provider (for example, as in the case where the provider may bill under a supervising provider) SCDHHS will request additional information from the provider to make the determination. For purposes of making this determination, SCDHHS will analyze data from the calendar year that precedes the participation year. The statutory definition of hospital-based EP provides that to be considered a hospital-based EP, the EP must provide “substantially all” of his or her covered professional services in a hospital setting.

Additional Program Participation Requirements

Once an EP meets the basic eligibility requirements for the S.C. Medicaid EHR Incentive Program, there are program participation requirements to meet in order to qualify for an incentive payment.

An EP must:

- Meet applicable patient volume threshold. (This is discussed further in [Patient Volume](#).)

AND

- Adopt, implement, or upgrade to certified Electronic Health Record (EHR) technology, or demonstrate meaningful use of the certified EHR technology, in the provider's first program year. After the first program year, the provider must successfully demonstrate meaningful use for all other program years.

Incentive Payments

The payment year for an EP is based on the calendar year. EPs may receive Medicaid EHR incentive payments over 6 payment years up to a maximum of \$63,750. Medicaid EHR incentive payments do not need to be consecutive until 2016. No EP may initiate the program after 2016, and no EP will receive a payment after the 2021 Participation Year.

- Payment Year 1: \$21,250 (\$14,167 for Pediatricians qualifying with reduced Medicaid volume)
- Payment Years 2-6: \$8,500 per year (\$5,667 for Pediatricians qualifying with reduced Medicaid volume)

The South Carolina Department of Health and Human Services' State Medicaid Health Information Technology Plan (SMHP) is available at www.scdhhs.gov/hit to provide detailed information about the S.C. Medicaid EHR Incentive Program.

Registration with the CMS Registration & Attestation System

EPs who wish to participate in either the Medicare or Medicaid EHR Incentive Program must first register with the Centers for Medicare and Medicaid Services (CMS) Registration and Attestation System. The last year an EP may begin participation is the 2016 Participation Year. The last year the EP may participate is the 2021 Participation Year.

Users working on behalf of an EP for registration and attestation must have a CMS Identity and Access Management System (I&A) Web user account (User ID/Password), and be associated to the provider's NPI. In absence of a CMS I&A account, an individual may not act as a surrogate user on behalf of the EP. To establish an I&A account, visit the CMS Registration and Attestation System. For assistance, please call the CMS EHR Information Center: (888) 734-6433.

Medicaid EPs use the CMS Web site to:

- Provide basic demographic information
- Select the state incentive program in which they will participate
- If applicable, switch their participation between the Medicaid and Medicare EHR Incentive Programs; or between state Medicaid EHR Incentive Programs.
 - EPs are allowed a one-time switch between the Medicaid and the Medicare EHR Incentive Programs once an incentive has been paid. The switch must occur before the 2015 Participation Year.
 - EPs may switch multiple times between state Medicaid EHR Incentive Programs.

EPs must provide the name, NPI, business address, phone number, and tax payer ID number (TIN) of the entity receiving the payment (i.e., the "Payee"). An EP may choose to receive the incentive, or may reassign it to a clinic or group with which he or she is associated. The tax identification number (TIN) of the individual or entity receiving the incentive is required when registering with the CMS Registration and Attestation System. Upon successful completion of registration at the CMS level, the provider will receive an email confirmation from CMS that includes the provider's individual **CMS Registration ID**.

The CMS system will transmit basic registration data to the S.C. Medicaid State Level Repository (SLR) of a provider's choice to attest to the S.C. Medicaid EHR Incentive Program. SCDHHS will check the provider's eligibility to participate in the program and will respond to CMS to either accept the registration, or to notify CMS that the provider has been found ineligible to participate. The CMS system will send an email to the EP of the registration acceptance or of the finding of ineligibility; SCDHHS will also email the EP of the next steps to begin the attestation process.

The CMS EHR Information Center is available to assist with provider inquiries: 1-888-734-6433, 6:30 a.m. until 5:30 p.m. (Eastern Time), Monday through Friday, except federal holidays.

Providers must revisit the CMS Registration and Attestation System to make any changes to their registration information and/or choices, such as changing the program from which they wish to receive their incentive payment, or their Payee information. After the initial registration, the provider does not need to return to the CMS Registration and Attestation System unless information provided in that system needs to be updated.

Overview of Attesting to the S.C. Medicaid EHR Incentive Program

The S.C. Medicaid EHR Incentive Program is administered by S.C.'s Medicaid agency, the South Carolina Department Health & Human Services (SCDHHS), Division of Health Information Technology (HIT). Within 24-48 hours of successfully registering at CMS, the EP may access the S.C. Medicaid State Level Repository (SLR) to complete the attestation. The SLR is available at <https://slr.scdhhs.gov/scslr/login.aspx>.

To login, the EP must provide his or her NPI and CMS Registration ID (that was generated after successfully registering with the CMS Registration and Attestation System). If the CMS Registration ID is not known, the EP must return to his or her CMS registration to retrieve that ID. The CMS EHR Information Center is available to assist with questions about the CMS registration: (888) 734-6433.

During attestation, the EP will first have the opportunity to review basic registration information provided at the CMS Registration and Attestation System (displayed in the SLR's "CMS Registration/SC Medicaid Data" screen). Then, the EP will progress through attestation screens to enter data to attest to meeting requirements of AIU (option for only the first program year) or MU (all other program years). Attestations of meaningful use require that providers attest to meeting measures for the meaningful use Core and Menu objectives, and enter information pertaining to selected Clinical Quality Measures that has been generated by the certified EHR technology.

A final Attestation screen will provide the EP the opportunity to review a summary of his or her attestation data, and will require the EP (or the EP's authorized designee) to agree to an attestation statement prior to submitting the attestation for review by the SCDHHS.

SLR Log In Screen

SOUTH CAROLINA

Healthy Connections

MEDICAID

SC Medicaid EHR Incentive Program

SLR Provider Guides
CMS EHR Info
ONC CHPL Site
SC Medicaid EHR Site
DentE-mal N-HIT Division

Welcome to the South Carolina Medicaid State Level Repository (SLR)

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH) participating in Medicare and Medicaid programs that are meaningful users of certified electronic health record (EHR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade (AIU) to certified EHR technology and use it in a meaningful manner.

The South Carolina Medicaid State Level Repository (SLR) is designed for eligible professionals (EP) and eligible hospitals (EH) to attest to meeting the requirements for the S.C. Medicaid Electronic Health Record (EHR) Incentive Program. The S.C. Medicaid EHR Incentive Program is administered by S.C.'s Medicaid agency, the South Carolina Department of Health & Human Services (SCDHHS), Division of Health Information Technology (HIT).

Eligible providers who wish to participate in either the Medicare or Medicaid EHR Incentive Program must first register with the Centers for Medicare and Medicaid Services (CMS).

Already registered with CMS?

Please enter your NPI and CMS Registration ID in the fields provided to access the S.C. Medicaid SLR. If you do not know your CMS Registration ID, please return to your CMS registration to retrieve that ID; or, contact the CMS EHR Information Center for assistance: (888) 734-6433.

Please enter your NPI

Please enter your CMS Registration ID

Need to register, or modify registration, with the CMS Registration and Attestation System?

Please visit <https://www.cms.gov/regulations-and-guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

Upon successful registration, the CMS system will provide a unique CMS Registration ID to the provider, and will transmit registration data to the S.C. Medicaid SLR. The SCDHHS Division of HIT will verify the provider's eligibility to participate (generally within 24-48 hours), and will email confirmation of eligibility to the provider along with information about how to proceed with attestation. After the initial registration, the provider will not need to return to the CMS Registration and Attestation System unless registration information needs to be updated.

Users working on behalf of an eligible provider for registration and/or attestation must have a CMS Identity and Access Management System (I&A) Web user account (User ID/Password), and be associated to the provider's NPI. In absence of a CMS I&A account, an individual may not act as a surrogate user on behalf of the provider for registration or attestation.

Resources

Need help with CMS registration?
 CMS EHR Information Center: (888) 734-6433.
 CMS Official User Guides: <https://www.cms.gov/regulations-and-guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

Need help with attestation with the S.C. Medicaid EHR Incentive Program? HTTSC@scdhhs.gov

Need information about the Medicare and Medicaid EHR Incentive Programs?
<https://www.cms.gov/EHRIncentivePrograms>

Need information about the S.C. Medicaid EHR Incentive Program? <http://www.scdhhs.gov/hit>

To access the EP's attestation, enter the EP's NPI and the EP's CMS Registration ID on the SLR Log In Screen; then select Submit.

If an EP enters an incorrect NPI and CMS Registration ID combination 5 consecutive times for the same NPI, the SLR will display the following error message:

- “Your log-in screen to the SLR has been locked due to too many failed login attempts. Please contact (803) 898-2996, or email HITSC@scdhhs.gov, to request this screen be unlocked. If you do not know your CMS Registration ID, please contact the CMS EHR Information Center at (888) 734-6433.”

Screen Navigation, Error Messages, and Helpful Links

Red Asterisks

Required fields are denoted with a red asterisk.

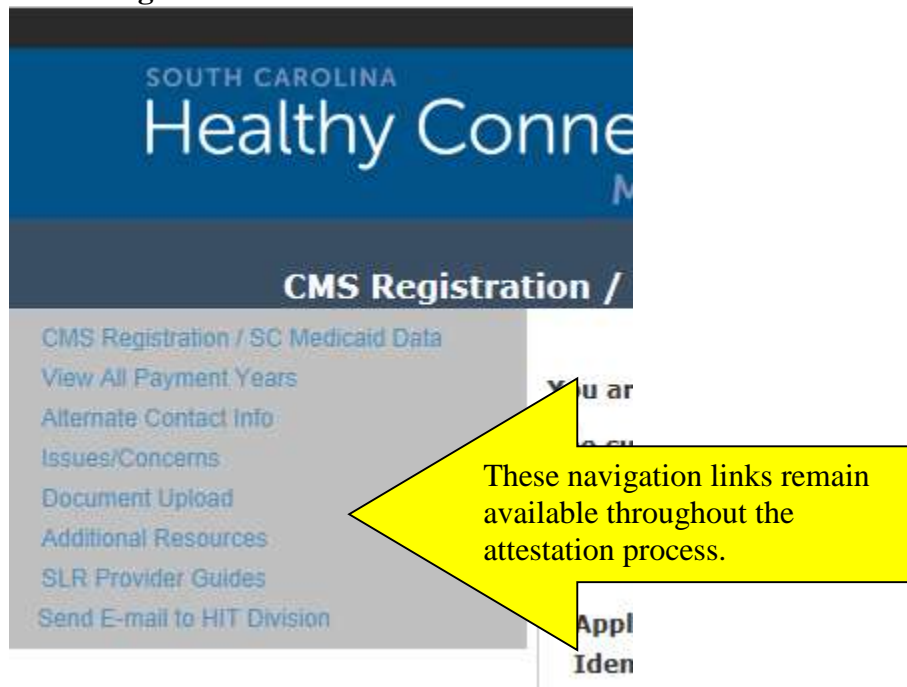
Error Messages

Error messages are designed to alert the EP to an issue with the attestation so that the EP may submit a complete attestation. If the screen has errors (for example, a required field has not been completed), it will display an error message when the EP attempts to save the screen. In many screens, the EP will not be able to save the information (or progress to the next attestation screen) until the error has been corrected. Some screens will allow progression to the next attestation screen even after an error message has displayed; however, when the EP attempts to complete the final Attestation screen to submit the attestation, the SLR will not allow submission unless errors have been addressed and resolved.

Save, Next, and Previous Buttons

Upon completion of any screen, select the **Save** button to save the data; then, upon logout, the SLR will retain the information. When ready to proceed to the next screen of the attestation, select the **Next** button at the bottom of the screen. (Selecting “**Next**” will also result in saving the information on the screen.) The EP may always return to a previous screen by selecting the **Previous** button at the bottom of the screen.

Left Navigation Links



- CMS Registration/SC Medicaid Data: Returns the EP to the CMS Registration/SC Medicaid Data Screen (beginning of the attestation).
- View All Payment Years: Displays a view of payments received by payment year.
- Alternate Contact Info: Allows the EP to designate alternate contacts for the SCDHHS HIT Division should there be questions related to the attestation. The Alternate Contact link is functional even if the attestation is in a submitted status.
- Issues/Concerns: Allows submission of an issue or question within the attestation to the SCDHHS HIT Division.
- Document Upload: Navigates the EP to a screen to browse and upload files essential to the attestation or its review by the SCDHHS.
- Additional Resources: Expands to provide links to the S.C. Medicaid HIT site, the CMS EHR site, and the ONC CHPL site.
- SLR Provider Guides: Navigates to SLR Guides specific to Eligible Professionals and to Eligible Hospitals.
- Send e-mail to HIT Division: Allows the EP to send an email to the HITSC@scdhhs.gov e-mail box.

SLR Home Screen

The SLR Home screen provides a “home page” for the EP to view messages from the SCDHHS HIT Division, payment information, and current status. It also displays a grid for the EP to access a view of past Paid attestations or to begin/modify a new attestation. The name of the EP will display in the screen header.

SLR Home: Test User 2 (Year 2 Attestation) Home Logout

Messages and Announcements

EHR Incentive Payment Details

Payment Year	Program Year	Payment Name	Payment NPI	Payment Amount	Payment Date	Payment Type
1	2011				2/3/2012 12:00:00 AM	Initial

Provider Information

You are currently enrolled in the SC Medicaid EHR Incentive Program
 The current status of your application for the second year payment is 'AWAITING PROVIDER ATTESTATION'
 The program year(s) currently available for attestation: 2013

Select one of the following Actions:
****If you are beginning a new attestation you will also need to select a program year.**

Program Year	Payment Year	Status	Action
2011	1	Paid	View
2013	2	Attest_inProcess	Begin/Modify Attestation

Messages and Announcements

Information from the SCDHHS HIT Division will display. This time-limited information may be general (for example, applicable to all EPs), or may be specific to the EP.

Provider Information

In the information displayed under Provider Information, the provider’s current status will display with one of the following messages:

PreCheck_inProcess	SCDHHS is checking provider eligibility to participate
PreCheck_Completed	Eligibility check is complete and the provider may begin attestation
Attest_inProcess	Provider has begun the attestation, but has not yet submitted
Attest_Completed	Provider has submitted the attestation to the SLR
DHHSCheck_inProcess	SCDHHS is checking the provider attestation against requirements
DHHSCheck_Completed	SCDHHS has completed the requirements check
NLRDupCheck_inProcess	SCDHHS has sent CMS their intent to pay the incentives
NLRDupCheck_Completed	CMS has responded to SCDHHS’ request
MMISPayment_inProcess	SCDHHS is processing payment
Paid	SCDHHS has disbursed the incentive
Ineligible	SCDHHS has found the provider to be ineligible for the incentives
Ineligible-CMS	CMS has found the provider to be ineligible for the incentive

EHR Incentive Payment Details

The EP may view information about all payments or adjustments in one summary table.

Program Year Selection Table

The Program Year (PY) Selection Table provides a view of past paid attestations, and also the means to begin or modify a new attestation. The PY Selection table will not display a Program Year (PY) for selection for attestation until the date for selection should be available.

- The EP may attest during the current participation year; or for a two-month period following the participation year (the “attestation tail period”). So, although the participation year for an EP is the calendar year (January-December), the attestation tail period extends the attestation submission period through the February that follows the participation year.
- The SLR does not allow the EP to begin a PY for which the deadline to submit an initial attestation has expired. Should the EP attempt to select a PY after the attestation submission deadline, the following message will display: “This Program Year is not available for attestation.”

Note: Should the attestation be submitted by the PY deadline, and later be re-opened by SCDHHS for provider correction, the SLR will allow the EP to re-submit the attestation even after the PY deadline.

CMS Registration / SC Medicaid Data (Year 1 Attestation / Program Year 2013)

HomeLogout

Messages and Announcements

Provider Information

You are currently enrolled in the SC Medicaid EHR Incentive Program
The current status of your application for the first year payment is 'AWAITING PROVIDER ATTESTATION'
The program year(s) currently available for attestation: 2013

**If you are beginning a new attestation you will also need to select a program year.

Program Year	Payment Year	Payment Status
2011	1	PreCheck_Completed

This Program Year is not available for attestation.

Next

Message displayed: This Program Year is not available for attestation.

To view a Paid attestation, select the View link associated with the desired Program Year/Payment Year.

To begin or modify an attestation, select from the program year(s) currently available.

CMS Registration/SC Medicaid Data Screen

The CMS Registration/SC Medicaid Data screen allows the EP to review information sent to SCDHHS from the CMS registration, and to verify the Payee information for the incentive payments. EPs have the option of reassigning their incentive payments to their employer or an entity with which the EP has a contractual arrangement. EPs must designate their Payee NPI and Payee TIN when registering with the CMS Registration and Attestation System. **The S.C. Medicaid EHR Incentive Program requires the Payee to be actively enrolled as a S.C. Medicaid provider.** Once a payment is disbursed, the SCDHHS will notify CMS of the payment.

CMS Registration Data Review

The top portion of the CMS Registration/SC Medicaid Data screen displays information about the provider from the CMS Registration and Attestation System. Corrections to this information may only be made by the provider by returning to the CMS system to modify registration data.

Note: Do not return to the CMS registration unless a change is needed to the CMS registration information. If the EP does return to the CMS account, the EP must be sure to re-submit the registration at the CMS Registration and Attestation System, even if no changes are made. If the registration is not re-submitted, the account status with CMS will change to **In Progress** or **Registration Started/Modified** and will remain so until it is re-submitted. If the CMS account status shows **In Progress** or **Registration Started/Modified**, SCDHHS will not be able to exchange the transactions with CMS that are necessary to work the attestation. A status of **Pending State Validation** or **Registration Sent to State** in the CMS registration will indicate a successful submission.

CMS Registration / SC Medicaid Data (Year 1 Attestation / Program Year 2015)

You are currently enrolled in the SC Medicaid EHR Incentive Program.

The current status of your application for this first year payment is "CMS-001010-00000000-0000000000".

CMS Registration Status

Applicant National Provider Identifier (NPI):	0000000000	Name:	SC Medicaid
Applicant TIN:	00000000	Address 1:	000000000000
Payee National Provider Identifier (NPI):	0000000000	Address 2:	000000000000
Payee TIN:	00000000	City/State:	Columbia / SC
Program Office:	0000000000	Zip Code:	00000000
Medicaid State:	SC	Phone Number:	0000000000
Provider Type:	Physician	Email:	0000000000@00000000.com
Participation Type:	A	Specialty:	00000000000000000000
Federal Enrollment:	00000000	State Registration Review:	00000000
Registration Review Status:	00000000	Registration Review Status:	00000000

SC Medicaid Status

*** If the information below is incorrect, please contact S.C. Medicaid Provider Enrollment Help Desk (PHD).

The Payee NPI and Payee TIN are provided at 00000000. The SC Medicaid ID field will be associated with the SC Medicaid ID. If there are multiple SC Medicaid IDs, they are displayed in the drop down menu which you select when the Medicaid ID is what you are reassigning your incentive.

*** If no information is provided in the Payee Medicaid ID field, either (1) the Payee TIN and Payee NPI are not provided or are not associated with the Medicaid Management Information System, or (2) there is no SC Medicaid ID associated with the Payee TIN and Payee NPI.

Payee National ID:	00000000
Payee Name:	SC Medicaid
Mailing Address:	
Address 1:	000000000000
Address 2:	000000000000
City/State:	Columbia / SC
Zip Code:	000000000000

Buttons: [Previous] [Next] [Save]

Review the information the State has received from the EP's registration at the CMS Registration & Attestation System.

S.C. Medicaid Data Review

The State Level Repository (SLR) system searches a download of provider data from the S.C. Medicaid Management Information System (MMIS) to display the Medicaid Provider ID(s) associated with the Payee NPI and Payee TIN provided by the EP during the CMS registration. Only actively enrolled Medicaid ID will display.

Rejection Reason State: [None] Reason Date: [None]

*** If any of the above information is incorrect, please return to the CMS Registration and Attestation System to correct it.

SC Medicaid Data

*** If the information below is incorrect, please contact S.C. Medicaid Provider Enrollment 888-289-0709.

The Payee NPI and Payee TIN you provide at CMS drives the SLR to pre-populate the Payee Medicaid ID field with all associated active S.C. Medicaid IDs. If there are multiple active Medicaid IDs, they are displayed in the drop-down from which you must select the Medicaid ID to which you are reassigning your incentive.

*** If no information is pre-populated in the Payee Medicaid ID field, either 1) the Payee TIN and Payee NPI you have provided does not crosswalk in the Medicaid Management Information System, or 2) there is no active Medicaid ID associated with the Payee TIN and Payee NPI.

Payee Medicaid ID:

Payee Name:

Mailing Address

Address 1:

Address 2:

City/State:

Zip Code:

Previous Next Save

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- Where there is only one active Medicaid ID associated with the Payee info, the Medicaid ID will display in the field for Payee Medicaid ID; the Mailing Address for the Payee will display also. (Note: Any changes noted for the Mailing Address must be made by the provider by contacting the S.C. Medicaid Provider Service Center: 888-289-0709.)
- Where there are multiple active Medicaid IDs associated with the Payee info, the Payee Medicaid ID field will display **Search**. Clicking **Search** will display the active Medicaid IDs; select the one to which the incentive payment will be made. Once the selection is made, the Mailing Address will display also. (Note: Any changes noted for the Mailing Address must be made by the provider by contacting the S.C. Medicaid Provider Service Center: 888-289-0709.) If the EP does not select a Payee Medicaid ID, the SLR will display an error message: **This is a required field. Please select the Payee Medicaid ID from the list.**

- If no information is displayed in the Payee Medicaid ID field, either the Payee TIN/Payee NPI is not associated in the MMIS with an active S.C. Medicaid ID, or there is an issue with the SLR search of the MMIS data. Please contact the SCDHHS HIT Division at 803-898-2996, or by email at HITSC@scdhhs.gov, for assistance.

After reviewing information on the CMS Registration/S.C. Medicaid Data Screen, select the **Save** button to save your work; or, to proceed to the next screen, select the **Next** button.

Note: Communications from the SCDHHS HIT Division related to the provider attestation will be emailed to the email address associated with the CMS registration. Please ensure that this information is kept current.

Provider Eligibility Details Screen

EPs must enter two categories of data to complete the Provider Eligibility Details screen: Patient Volume data and EHR Details. Patient volume reflects encounters from any representative continuous 90-day period from the calendar year preceding the participation year; or, from any representative continuous 90-day period from the 12-month period prior to attestation submission. The table below identifies **3 decision points** for determining the patient volume calculation methodology.

I. Medicaid Encounters? Or Needy Individual Encounters?	II. Individual EP's Data? Or Group/Clinic Data?	III. Encounter Methodology? Or Panel Methodology?
<p>Medicaid Patient Volume: An EP must have a minimum 30% patient volume attributable to Medicaid patients.</p> <p>*Pediatricians with reduced Medicaid patient volume may qualify for a reduced incentive with a minimum 20% patient volume.</p> <p>A Medicaid encounter includes services rendered to an individual on any one day where the individual was enrolled in Medicaid at the time of service.</p> <p>OR</p> <p>“Needy Individual” Patient Volume: An EP who practices predominantly in an FQHC or RHC may meet a minimum 30% patient volume attributable to needy individuals.</p> <p>Practicing predominantly: More than 50% of the EP's encounters over 6 months in the calendar year prior to the PY occurred at FQHC or RHC.</p> <p>A Needy Individual encounter means services rendered to an individual on any one day where the individual was enrolled in Medicaid at the time of service; or the services were furnished at no cost, and calculated consistent with S495.310; or the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.</p>	<p>An EP may qualify based on patient volume calculated on the individual EP's patient encounters;</p> <p>OR</p> <p>Clinics and group practices may calculate the clinic/group practice Medicaid patient volume (or Needy Individual patient volume, as applicable), and its EPs may attest to the volume as a proxy for their own.</p> <p>For purposes of the S.C. Medicaid EHR Incentive Program, a group/clinic is defined as a group of healthcare practitioners organized as one legal entity under one Tax Identification Number (TIN).</p> <p>There are conditions for group/clinic proxy: (1) The clinic or practice's patient volume is appropriate as a patient volume calculation for the EP; (2) There is an auditable data source to support the clinic or practice's patient volume determination; (3) The clinic or practice and EPs decide to use one methodology in each year, and (4) The group or clinic uses the entire group or clinic's patient volume and does not limit it in any way.</p> <p>If an EP works inside and outside of the clinic or practice, the group/clinic proxy patient volume calculation includes only those encounters associated with the clinic or group practice. (The EP's outside encounters are not included.)</p> <p>In order for an EP to utilize group patient volume as a proxy, it must be appropriate as a patient volume methodology calculation for the EP; i.e., the EP must be able and available to see Medicaid patients.</p>	<p>The S.C. Medicaid EHR Incentive Program offers the EP two options from which to choose to calculate patient volume:</p> <p>(1) The Encounter methodology</p> $\frac{\text{Total Medicaid patient encounters in any representative continuous 90-day period *in the preceding year}}{\text{Total patient encounters in that same 90-day period}} \times 100$ <p>OR</p> <p>(2) The Panel methodology: Note: An EP must not count an assigned patient who was also an encounter more than once.</p> $\frac{[\text{Total Medicaid patients assigned to the provider in any representative continuous 90-day period *in the preceding calendar year with at least one encounter in the 24 months preceding the start of the 90-day period}] + [\text{Unduplicated Medicaid encounters in that same 90-day period}]}{[\text{Total patients assigned to the provider in the same 90-day period with at least one encounter in the 24 months preceding the start of the 90-day period}] + [\text{All unduplicated encounters in that same 90-day period}]} \times 100$ <p>*or, the EP may opt to select the 90-day patient volume period from the 12-month period that precedes attestation submission.</p>

The EP will provide information in these fields on the Provider Eligibility Details Screen:

Patient Volume

Enter data into the following fields, as applicable:

- **Line 1: Please indicate if you are using a clinic or group's patient volume as a proxy for your own.**

For purposes of the S.C. Medicaid EHR Incentive Program, a group/clinic is defined as "A group of healthcare practitioners organized as one legal entity under one TIN." All encounters for that TIN (even across multiple sites) must be used in the calculation of the group/clinic patient volume. If the EP is using group patient volume as a proxy for the EP's own, answer Yes to Line 1 and also complete 2.A. and 2.B. If the answer is No to Line 1, Line 2.A and 2.B are not required (they do not allow data entry).

- **Line 2.A. If using clinic/group patient volume, indicate the TIN of the one legal entity.**
- **Line 2.B. So that the TIN may be verified, the EP is asked to indicate one NPI that is associated with the TIN.**

If the NPI that is entered is not a valid NPI for the TIN, an error message will display as an alert that the TIN entered is not correct. ("The NPI and TIN does not match in MMIS. Please verify your info.")

- **Line 3. (If attesting to Needy Individual patient volume) Do you practice predominantly in an FQHC or RHC?**

In order to base an attestation on Needy Individual patient encounters, the EP must individually meet the requirement of practicing predominantly in an FQHC or RHC. "Practices predominantly" is based on the EP's activity over 6 months in the most recent calendar year (e.g., 2013 for a 2014PY attestation).

Note: If attesting to Medicaid patient volume, and not the Needy Individual patient volume, do **not** check the box for Line 3.

- **Line 4. Select the option that indicates the time period from which the 90-day patient volume period is derived:**

Select one of the options that displays in the drop-down: prior calendar year; or, 12 months prior to attestation.

- **Line 5: Enter the starting date of the 90-day period used to calculate patient volume percentage.**

Patient volume reflects encounters from any continuous 90-day period in the preceding calendar year; or, from any continuous 90-day period from the 12 months prior to attestation. If the starting date entered does not allow for a full 90-day period in the time period selected from the drop-down on Line 4, an error message will display.

- **Line 6. Medicaid (or Needy Individual, as applicable) patient encounters during this period.**
- **Line 7. Total patient encounters during this period.**
If the EP confuses data entry for the patient volume, and enters the Medicaid encounters in the total encounters field, and vice versa, an error message will display.
- **Line 8. (If using the Panel Methodology) Total number of Medicaid (or Needy Individual) patients assigned to your panel with whom you did not have an encounter in the 90-day patient volume period but you did have an encounter in the 24 months prior. (If n/a, enter “0”).**
If the EP has not used the Panel methodology to calculate patient volume, please enter a “0” in line 8. For more information on Panel methodology, please see the Final Rule, or the SCDHHS State Medicaid HIT Plan.
- **Line 9. (If using the Panel Methodology) Total number of patients assigned to your panel from any Plan with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior. (If n/a, enter “0”).**
If the EP has not used the Panel methodology to calculate patient volume, please enter a “0” in line 9. For more information on Panel methodology, please see the Final Rule, or the SCDHHS State Medicaid HIT Plan.

Enter data into fields 1-9; then, select the Calculate button.

Line 10 will display the Medicaid or Needy Individual patient volume percentage calculated from the attestation.

EHR Details

- **Line 11: Indicate the status of your EHR: Adopt, Implement, Upgrade (option only for first Program Year); Meaningful Use (all other Program Years)**

Upon completion of the Provider Eligibility Details Screen, select the **Save** button to save the data. The SLR will retain the information on the page.

To proceed to the next screen of the attestation, please select the **Next** button. To return to the previous screen, please select the **Previous** button.

North Carolina
Healthy Connections
MEDICAID

Provider Eligibility Details (Year 2 Attestation / Program Year 2014)

Home Logout

View All Payment Years
 All Records Current Year
 History/Comments
 Discontinued Values
 Additional Resources

the checkbox for testing to Needy patient volume.

s NOT attesting to Panel methodology to patient volume, enter ds 8 & 9.

Provider Eligibility Details

1. Please indicate if you are using a clinic or group's patient volume as a proxy for your own (A group of healthcare practitioners organized as one legal entity under one TIN):

2A. If yes, enter the TIN (FEIN) of the one legal entity:

2B. To ensure this is a valid TIN, enter an NPI associated with the entity's TIN:

3. (If attesting to Needy Individual patient volume) Do you practice predominantly in an FQHC or RHC?

4. Select the option that indicates the time period from which the 90-day patient volume period is derived:

5. Select the starting date of the 90-day period used to calculate patient volume percentage:

6. Medicaid (or Needy Individual, as applicable) patient encounters during this period:

7. Total patient encounters during this period:

8. (If using the Panel methodology) Total number of Medicaid (or Needy Individual, as applicable) patients assigned to your panel with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior: (If n/a, enter "0")

9. (If using the Panel methodology) Total number of patients assigned to your panel from any Plan with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior: (If n/a enter "0")

10. Medicaid or Needy Individual patient volume percentage:

11. Indicate the status of your EHR:

EHR Details:

33.00%

Meaningful User

Previous Next Save Cancel

Please note: Providers attesting in consecutive years will not be allowed to use any part of the patient volume period from a previous attestation.

Provider Eligibility Details - 'Needy Individual' Patient Volume Additional Screen (EPs attesting to Needy Individual Patient Volume)

If the EP is attesting to Needy Individual patient volume (selected the checkbox to line 3 to attest to “practicing predominantly”), the next screen that will display is the Needy Individual Patient Volume screen. In order to attest to meeting patient volume requirements based on Needy Individual patient volume, **an EP must individually meet the definition of “practicing predominantly” in an FQHC or RHC.** The Final Rule defines an EP who "practices predominantly" as "an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of six months in the most recent calendar year occurs at an FQHC or RHC." In other words, the six-month period used for this determination must be from the calendar year preceding the participation year.

In this screen, the EP will identify the FQHC/RHC location(s) for the attestation of practicing predominantly by completing an FQHC/RHC table. Note: If the EP has not selected the checkbox in line 3 to attest to “practicing predominantly,” and is attesting to Medicaid patient volume, this screen will not display. Instead, the next screen that will display will be the Provider Locations screen.

When the screen first displays, the FQHC/RHC table is empty awaiting attestation. Select the FQHC/RHC(s) from the options; the choices will populate the table. Once the FQHC/RHC table is complete, select **Next** to proceed to the next attestation screen.

Provider Eligibility Details - 'Needy Individual' Patient Volume (Year 2 Attestation / Program Year 2014)

FQHC/RHC

On this page you will provide information about the FQHC(s)/RHC(s) at which you practice. This page allows you to search by FQHC/RHC provider name. To search, enter part of the FQHC/RHC name in the field provided and click Find. Select the location(s) from the FQHC/RHC listing. Your selection(s) will appear in the FQHC/RHC table displayed below. Delete options display at the left side of your listed choices; should you wish to delete one or all of your selections, click the Delete link(s).

	Provider Name	Address	City	State	Zip
No record found.					

Filter: Provider Name Find Reset

	Provider Name	Address	City	State	Zip
Select	ALLENDALE CO RURAL HEALTH	PO BOX 990	FAIRFAX	SC	29827
Select	PALMETTO FAMILY PRIMARY	POST OFFICE BOX 326	WINNSBORO	SC	29180
Select	CAROLINA HEALTH CTRS INC	85 S GREENWOOD AVE	WARE SHOALS	SC	29692
Select	ALLENDALE-EHRHARDT	EHRHARDT AND MILL STREETS	EHRHARDT	SC	29081
Select	FAMILY HEALTH CTR-HOMELESS	1433 GREGG STREET	COLUMBIA	SC	29201
Select	FRANKLIN C FETTER JOHNS IS	PO BOX 510	JOHNS ISLAND	SC	29457
Select	FRANKLIN C FETTER CROSS	1659 OLD HIGHWAY 6	CROSS	SC	29436
Select	FRANKLIN C FETTER ESAU JEN	51 NASSAU ST	CHARLESTON	SC	29403



CMS/NLR

View All Payment Years
Alternate Contact Info
Issues/Concerns
Additional Resources ▶
SLR Provider Guides
Send E-mail to HIT Division

FQHC/RHC

On this page you will provide information about the FQHC(s)/RHC(s) at which you practice. This page allows you to search by FQH provider name. To search, enter part of the FQHC/RHC name in the field provided and click Find. Select the location(s) from the F listing. Your selection(s) will appear in the FQHC/RHC table displayed below. Delete options display at the left side of your listed c should you wish to delete one or all of your selections, click the Delete link(s).

	Provider Name	Address	City	State
No record found.				

Filter: Provider Name ▼ Little Find Reset

	Provider Name	Address	City	State
Select	ROBESON HEALTH CARE CORP	402 NORTH PINE STREET STEA	LUMBERTON	NC
Select	FRANKLIN C FETTER FAMILY H	51 NASSAU STREET	CHARLESTON	SC
Select	BEAUFORT JASPER CHS INC	721 OKATIE HIGHWAY	OKATIE	SC
Select	ALLENDALE CO RURAL HEALTH	PO BOX 990	FAIRFAX	SC
Select	HEALTH CARE PARTNERS OF SC	PO BOX 2100	CONWAY	SC
Select	PALMETTO FAMILY PRIMARY	POST OFFICE BOX 326	WINNSBORO	SC
Select	CAROLINA HEALTH CTRS INC-	535 JACKSON STREET	CALHOUN FALLS	SC
Select	CAROLINA HEALTH CTRS INC	219 GREENWOOD HWY	SALUDA	SC

Enter part of the name in the search field, and select Find. In this example, the provider is searching by "Little."



Provider Eligibility Details - 'Needy Individual' Patient Volume (Year 1 Attestation)

Logout

CMS/NLR

View All Payment Years
Alternate Contact Info
Issues/Concerns
Additional Resources ▶
SLR Provider Guides

FQHC/RHC

On this page you will provide information about the FQHC(s)/RHC(s) at which you practice. This page allows you to search by FQH provider name. To search, enter part of the FQHC/RHC name in the field provided and click Find. Select the location(s) from the F listing. Your selection(s) will appear in the FQHC/RHC table displayed below. Delete options display at the left side of your listed c should you wish to delete one or all of your selections, click the Delete link(s).

	Provider Name	Address	City	State
Delete	LITTLE RIVER MEDICAL CENTE	4303 LIVE OAK DR PO BOX547	LITTLE RIVER	SC
Delete	LITTLE RIVER MEDICAL CENTE	7724 NORTH KINGS HWY	MYRTLE BEACH	SC

Filter: Provider Name ▼ Little Find Reset

	Provider Name	Address	City	State
Select	LITTLE RIVER MEDICAL CENTE	1075 MR JOE WHITE AVE 101	MYRTLE BEACH	SC
Select	LITTLE RIVER MEDICAL CENTE	3817 MAIN ST	LORIS	SC

Previous

Next

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In this example, the EP has selected two locations. The EP may 'Delete' a choice from the table.

Provider Locations Screen

Beginning with the 2013 Participation Year, a new requirement was established (42 CFR 495.304) that states at least one clinical location used in the calculation of patient volume must have certified EHR technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

The Provider Locations screen collects information from the EP regarding all outpatient locations at which the EP renders services.

The screenshot below provides an example of how the screen will display prior to information being entered.

The screenshot shows the 'Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2014)' screen. On the left is a navigation menu with links: CMS Registration / SC Medicaid Data, View All Payment Years, Alternate Contact Info, Issues/Concerns, Document Upload, Additional Resources, SLR Provider Guides, and Send E-mail to HIT Division. The main content area is titled 'Provider Locations'. It contains a paragraph explaining the 42 CFR 495.304 requirement for CEHRT. Below this is a note for meaningful users stating that at least 50% of outpatient encounters must occur at a CEHRT-equipped location. A prompt asks the user to provide additional information regarding practice locations. A text input field is labeled 'Enter the number of locations in which you provide services:' with a red asterisk and a value of '0'. Below this, instructions state to use the fields below for each location, check the CEHRT box if applicable, and check the Patient Volume box if applicable. A form box contains fields for Address1, Address 2, City, State, Zip Code, ZipCode Extension, CEHRT Location (checkbox), and Used in Patient Volume (checkbox). Each of the first five fields has a red asterisk. An 'Add' button is at the bottom right of the form box.

Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2014) | [Home](#) | [Logout](#)

[CMS Registration / SC Medicaid Data](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#) ▶
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services: *

Use the fields below to enter the details for each location in which you provide services.

Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Address1: *

Address 2:

City: *

State: *

Zip Code: *

ZipCode Extension:

CEHRT Location: ☐

Used in Patient Volume: ☐ [Add](#)

Once the EP enters information for the first provider location, and selects **Add**, the display will change to a more linear display. Information about additional locations must be typed into the fields under the column headings; then, select the **Add** button.

In the screenshot below, the provider has indicated 2 practice locations, and has entered data related to 1 of the 2 locations. Note that each row of the table includes a **Delete** button, and a **Modify** button, to either delete or modify the information in that row.

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services: * 2

Use the fields below to enter the details for each location in which you provide services.

Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Ext	CEHRT	Patient Volume	Delete
Modify	68 Parkway Commons Way		Greer	SC	29650		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
							<input type="checkbox"/>	<input type="checkbox"/>	ADD

Previous Next Save Cancel

The EP must enter data for each practice location; for example, where the EP has indicated 2 locations, there must be 2 rows completed in the provider locations table. Should information be entered that is inconsistent (for example, only 1 description where the provider has indicated multiple locations), the SLR will display the following error message when the provider attempts to select **Next** to progress:

- "The number of locations in which you provide services must equal the number of location descriptions entered below."

Enter the number of locations at which the EP provides outpatient services; then complete the provider locations table, indicating for each location if the location was used for patient volume data, and if the location currently has certified EHR technology.

Upon completion of the Provider Locations screen, select the **Save** button to save the data. The SLR will retain the information on the page.

To proceed to the next screen of the attestation, please select the **Next** button. To return to the previous screen, please select the **Previous** button.

EHR Details Screen

Certified EHR Technology is technology certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to the Office of the National Coordinator (ONC).

The ONC has established new standards to define CEHRT that addresses new and revised objectives and measures for Stages 1 and 2 of MU; enhances care coordination, patient engagement, and the security, safety and efficacy of EHR technology; and provides more flexibility for providers to have EHR technology that meets their individual needs. Learn more about the Standards and Certification Criteria for Electronic Health Record Technology 2014 Edition Final Rule at: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf>.

All 2015PY attestations (AIU and MU) must be based upon AIU or MU CEHRT that is certified to 2014 Edition certification standards.

On this screen, the EP will enter information to provide the EP's attestation to the certified EHR technology (CEHRT). If the EP is attesting to Adopt, Implement, or Upgrade (option only for first program year), the EP will attest to the CEHRT that has been adopted, implemented, or upgraded at the time of the attestation. If the EP is attesting to Meaningful Use, the EP will attest to the CEHRT(s) that was used for the meaningful use EHR Reporting period.

When the EP returns for a second year of the Medicaid EHR Incentive Program, the information that was entered in the CMS Certification ID field and the CHPL table in the first program year will display. **Please review the information to ensure that it still reflects the correct CEHRT information and the correct CMS EHR Certification ID.** The EP may make changes as necessary to update the information.

The ONC Certified Health IT Product List (CHPL) serves as the official listing of certified products: <http://onc-chpl.force.com/ehrcert>. This Web site is the single authority to obtain the CHPL/ONC Product Number(s) and the 15-character alphanumeric CMS EHR Certification ID for the certified EHR technology products(s). Please note: the left navigation link, "Additional Resources," will expand when clicked to display a link to the ONC CHPL Website.

Step 1: Enter the CMS Certification ID of your certified EHR Technology.

The CMS Certification ID is a 15-character alphanumeric ID.

- If the EP provided the CMS Certification ID of the certified EHR technology during the registration with the CMS Registration and Attestation System (optional), or if the EP has provided this information during a previous year's attestation, this field will pre-populate that information. **If the field is pre-populated, please review the information to be sure that it still accurately reflects the certified EHR technology in place at the time of the attestation submission (for AIU attestations).**
- If there is no information displayed in the CMS Certification ID field, please enter information into this field.

Step 2: Complete the Certified Health IT Product List.

Certified EHR technology must be a complete product, or combination of multiple products, that offers 100% of the criteria required by the Medicare and Medicaid EHR Incentive Programs.

Enter information into this CHPL table for the certified EHR technology product(s) by completing the fields for **Product Name** and **Version #**, **Vendor Name**, and **CHPL Product Number**. Select **Click Here to Add Product** to save the information. Information will display in the CHPL table.

Failure to select “Click Here to Add Product,” will result in the following error message:
“There cannot be any empty Certified Health IT Product List field. Please complete the Certified Health IT Product table.”

Step 3: Complete the Text Box.

EHR Details Screen: Adopt, Implement, Upgrade Attestation

Enter a description of the EP’s legal or financial commitment to the certified EHR technology at the time of attestation in this required text box. Include the full name **and version** of the technology, and relevant dates.

Examples are as follows:

- Adopt: “I purchased [name and version of product] on [date] and have a receipt for that purchase.”
- Implement: “My practice purchased [name and version of product] on [date] and is in the process of implementation; we have retained a receipt for that purchase.”
- Upgrade: “XYZ Medical Group signed its first contract with [vendor name] on [date]; we committed to an upgrade to certified EHR technology [name and version of product], as demonstrated by a legally binding contract dated [date]. The current contractual commitment is for three years ending [date].”

The EP must retain documentation for a minimum of six years that demonstrates a legal or financial commitment to the acquisition, purchase, or access to certified EHR technology prior to the incentive. This documentation would serve to differentiate between activities that may not result in AIU (for example, researching EHRs, interviewing EHR vendors, contract proposals) and an actual commitment to AIU. The documentation must show a legal or financial commitment to the adoption, implementation, or upgrade to certified EHR technology, naming the product(s) and version(s). Such documentation may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties). Should the documentation not specify the certified EHR technology product

(product name and version), a letter from the certified EHR technology vendor that clarifies the product name and version may be retained with the documentation as a supplement; however, such information will not be regarded as sufficient for stand-alone evidence.

Step 4: Save Your Information

Select the **Save** button before leaving this screen.

The SLR will run a check against the [ONC CHPL site](#) to validate that the CMS Certification ID that was entered is a valid CMS Certification ID. There may be slight delay as the system runs this check. If the CMS Certification ID supplied is not valid, the following error message will display: **“Not a valid CMS certification ID.”**

To continue to the next attestation screen, select the **Next** button at the bottom of the screen.

Document Upload Screen

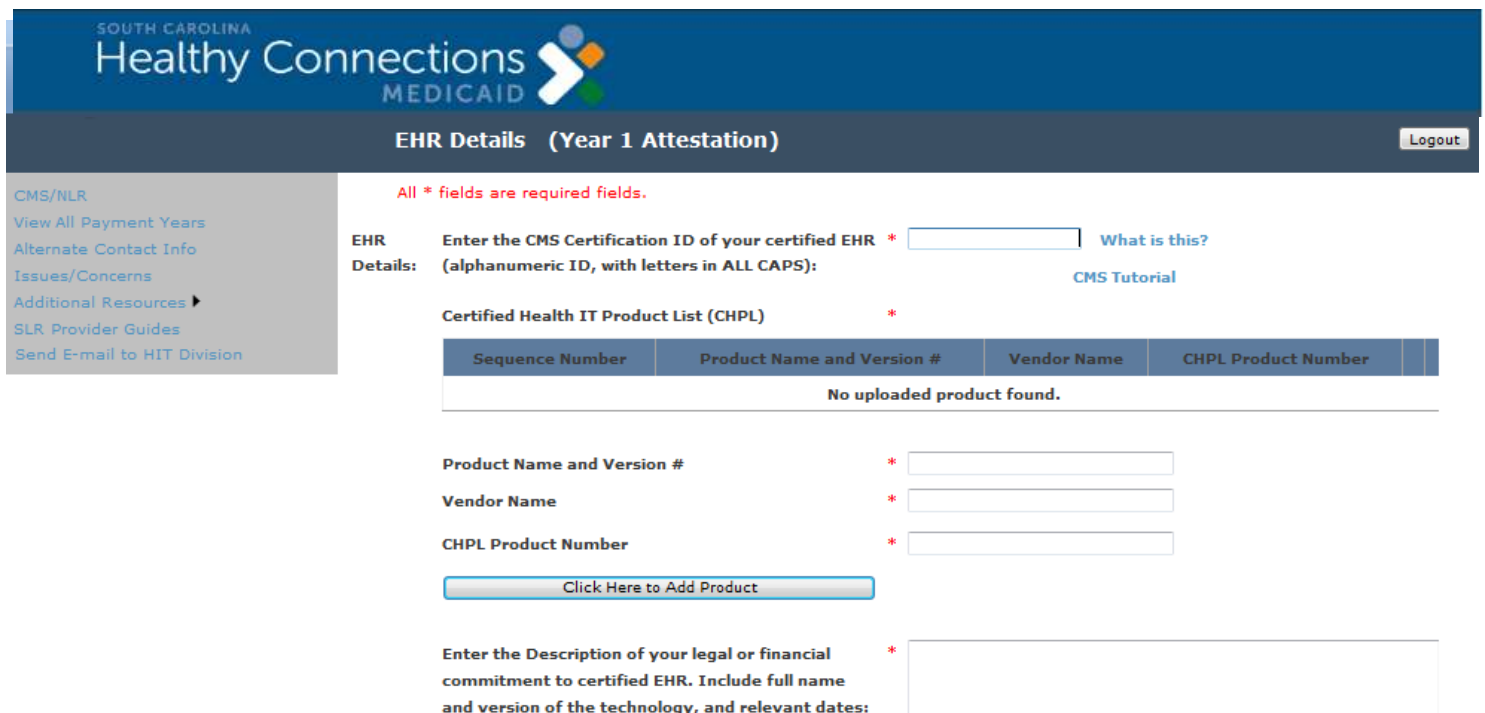
The Document Upload screen provides the means for providers to attach PDF, Word, or Excel files to the provider attestation. The SCDHHS Division of Health Information Technology (Division of HIT) may also contact a provider to request documentation to support or clarify an attestation.

To upload a document, select the **Browse** button and locate the desired information. Then, select the **Upload** button.

If the upload is successful, the SLR will display a message: ‘You have successfully uploaded: [File Name].’



The EP may review the uploaded document by selecting the **View** button. To delete the file, select the **Delete** button. Once the attestation is submitted, uploaded documents may not be deleted. If you need to remove documents from your attestation after submission, please contact the [HIT Division](#) to have your attestation reopened.



Attestation Screen

The Attestation screen displays a summary of information from the provider attestation. If while reviewing the information the provider decides to revise information, he or she may return to the data entry field to modify information before submitting the attestation. Please note, however, that once the **Submit** button is selected, the attestation will be locked.

Before submitting the attestation, read the Attestation Statement that is included on the Attestation Screen. To submit the attestation, enter the initials, the NPI, and select **Submit**.

This is to certify that the foregoing information is true, accurate, and complete. I understand the Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

I hereby agree to keep such records as are necessary to demonstrate that I meet all S.C. Medicaid EHR Incentive Program requirements and to furnish those records to the South Carolina Department of Health and Human Services, the U.S. Department of Health and Human Services, or contractor(s) acting on their behalf. I understand that I must retain all support documentation for incentive program requirements, including but not limited to that pertaining to patient volume determination, for a minimum of six years from the last year of my participation in the incentive program, and will make such information available for audit(s) conducted by the SCDHHS, the U.S. Department of Health and Human Services, or contractors acting on their behalf.

No EHR incentive payment may be paid unless this application is completed as required by existing law and regulations. Failure to provide required information will result in delay in payment or may result in denial of EHR incentive payment. Failure to furnish requested information of documents post incentive payment will result in the issuance of an overpayment demand letter, followed by recoupment procedures.

Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this application may, upon conviction, be subject to fine and imprisonment under applicable Federal laws. Information from the South Carolina Medicaid EHR Incentive Program application and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the EHR Incentive Program.

I understand that it is mandatory that I inform the South Carolina Department of Health and Human Services if I believe I have been overpaid under the EHR Incentive Program. I certify I am not receiving Medicaid incentive funds from any other state or commonwealth and have not received an EHR incentive payment from the South Carolina Department of Health and Human Services for this participation year.

I shall retain documentation for a minimum of six years that demonstrates acquisition, purchase, or access to certified EHR technology prior to the incentive. The documentation must show a LEGAL or FINANCIAL COMMITMENT to the adoption, implementation, or upgrade to certified EHR technology (naming the product(s) and version(s)). Such documentation may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties). Should the documentation not specify the certified EHR technology product (product name and version), a letter from the certified EHR technology vendor that certifies the product name and version may be retained with the documentation as a SUPPLEMENT. Such a letter will not be regarded as stand-alone support documentation.

For this attestation of meaningful use of the certified EHR technology, I attest that the information I am submitting for Clinical Quality Measures was generated as output from an identified certified EHR technology; the information I am submitting includes information on all patients to whom the measure applies; a zero is reported in the denominator of a measure when I did not care for any patients in the denominator population during the EHR reporting period; and, as a meaningful EHR user, at least 50% of my patient encounters during the EHR reporting period occurred at a practice/location given in my attestation information and that is equipped with certified EHR technology.

All * fields are required fields.

Initials: * AKT
NPI: * 1111111111

Note: Once you press the submit button below, your attestation will be locked.

Previous Submit Print

Once a provider has successfully submitted an attestation, the following screen will display:



Any provider attesting to receive an EHR incentive payment potentially can be subject to audit. **ALL** relative supporting documentation (in either paper or electronic format) used in the completion of the attestation responses must be retained and easily retrievable **for a minimum of six years** from the last year of participation in the Program.

Review and Payment

Once the attestation is submitted, the SCDHHS Division of Health Information Technology (HIT) will review it to determine if it meets the requirements of the S.C. Medicaid EHR Incentive Program. Should the HIT Division staff have any questions concerning the attestation, they will contact the EP using the e-mail address provided by the EP to CMS during registration and, if necessary, alternate contact information provided by the EP in the SLR.

Approved incentives are incorporated into the SCDHHS' weekly claims payment cycle and paid as **credit** adjustments to the individual or entity designated by the EP as the Payee. If the EP has reassigned the incentive, the EP should forward this important information to the Payee.

Payment Notification

Providers will be notified by e-mail of payments. The payment e-mail will provide information to identify provider-specific information on the remittance advice (RA).

- Payee Name
- Eligible Provider Who Earned the Incentive
- Payment Date
- Incentive Amount
- Provider Own Reference Number

Remittance Advice

Information about each EP's incentive will be displayed as a separate line item in the Adjustments section. The names of the individuals for whom incentives are being issued will not be detailed on the RA; however, each line item will display information in columns labeled Provider Own Reference Number, Claim Reference Number, Action, and Debit/Credit Amount.

An example of a remittance advice with information about 3 separate incentive credits follows on the next page.

PROVIDER ID. 000102248
 DEPT OF HEALTH AND HUMAN SERVICES
 XXXXXX
 SOUTH CAROLINA MEDICAID PROGRAM

ADJUSTMENTS

PAYMENT DATE
 06/03/2011

PAGE
 12

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S) MMDDYY	PROC / DRUG CODE	RECIPIENT ID. NUMBER	RECIPIENT NAME F M LAST NAME I I	ORIG. CHECK DATE	ORIGINAL PAYMENT	ACTION	DEBIT / CREDIT AMOUNT	EXCESS REFUND
EHRFQH002	1114701054030100U	-						INCENTIVE	21250.00	
EHRFQH003	1114701055030100U	-						INCENTIVE	21250.00	
EHRFQH004	1114701056030100U	-						INCENTIVE	21250.00	
PAGE TOTAL:									63750.00	0.00

PROVIDER INCENTIVE CREDIT AMOUNT	DEBIT BALANCE PRIOR TO THIS REMITTANCE	MEDICAID TOTAL	CERTIFIED AMT	TO BE REPAYED IN THE FUTURE
63750.00	0.00	8991.53	0.00	0.00
		ADJUSTMENTS		
		63750.00	0.00	
	YOUR CURRENT DEBIT BALANCE	* CHECK TOTAL	CHECK NUMBER	PROVIDER NAME AND ADDRESS
	0.00	72741.53	6712051	Provider Name
				Street Address City, State Zip Code

* FUNDS AUTOMATICALLY DEPOSITED TO:
 BANK NAME: SECURITY FEDERAL SAVINGS ACCOUNT #: XXXXXXXXXXXX
 NOTIFY MEDICAID PROVIDER ENROLLMENT BEFORE CLOSING OR CHANGING YOUR BANK ACCOUNT.

Additional Resources

The following resources are available to assist providers with questions about the Medicaid EHR Incentive Program:

- Official CMS Medicare and Medicaid EHR Incentive Programs Web site:
<http://www.cms.gov/EHRIncentivePrograms>
- SCDHHS HIT Web site: <http://www.scdhhs.gov/hit>
- [Information regarding Meaningful Use Stage 2: Meaningful Use Stage 2 Overview Tipsheet](#)
- [Information regarding Meaningful Use Modified Stage 2: Meaningful Use Modified Stage 2 2015 Program Requirements](#)
- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
- 45 CFR Part 170 Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule: <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17210.pdf>
- Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology:
<http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf>

For additional questions and assistance, please contact the S.C. Medicaid EHR Incentive Program via email: hitsc@scdhhs.gov.